

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013629

STATE FILE NUMBER

2009

FILED MAY 13 1959

Registration District No. 149 Primary Registration District No. 1001

Registrar's No.

|  |                               |   |                                |
|--|-------------------------------|---|--------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>                     |                                |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Kansas City</u>   |                               | c. CITY OR TOWN <u>Belton</u>   |                                |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>The Children's Mercy Hosp. Inc.</u>  |                               | d. STREET ADDRESS <u>Mobile Holmes Village</u>  |                                |
| 3. NAME OF DECEASED<br>(Type or print) First <u>David</u> Middle <u>Edward</u> Last <u>Winchester</u>  |                               | 4. DATE OF DEATH Month <u>4</u> Day <u>20</u> Year <u>59</u>  |                                |
| 5. SEX <u>male</u>   | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-6-59</u> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                               | 9b. AGE (In years last birthday) <u>2</u> Months <u>14</u> Days <u>14</u> Hours <u>14</u> Min.  |                                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |                               | 10b. KIND OF BUSINESS OR INDUSTRY   |                                |
| 11a. BIRTHPLACE (City and state or country) <u>Kansas City Missouri</u>  |                               | 11b. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |                                |
| 12a. FATHER'S NAME <u>Paul Winchester</u>  |                               | 12b. MOTHER'S MAIDEN NAME <u>Myrna Manning</u>  |                                |
| 13a. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |                               | 13b. SOCIAL SECURITY NO. <u>7545</u>  |                                |
| 14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Congenital Heart</u><br>DUE TO (b) <u>Dehydration</u><br>DUE TO (c) <u>Diarrhea</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                               | 15. INTERVAL BETWEEN ONSET AND DEATH  |                                |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                               | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                                |
| 20c. TIME OF INJURY Hour <u>7</u> a.m. <u>pm</u> Month, Day, Year <u>4-20-59</u>   |                               | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                               | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |                                |
| 21. I attended the deceased from <u>4-13-59</u> to <u>4-20-59</u> and last saw her alive on <u>4-20-59</u><br>Death occurred at <u>7 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.   |                               | 22a. SIGNATURE <u>R. D. Parman m. D.</u> (Degree or title) <u>D</u>   |                                |
| 22b. ADDRESS <u>1710 Enders Ave</u>  |                               | 22c. DATE SIGNED <u>4-21-59</u>   |                                |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                               | 23b. DATE <u>4-22-59</u>  |                                |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>  |                               | 23d. LOCATION (City, town, or county) <u>Kansas City Mo.</u>  |                                |
| 24. FUNERAL DIRECTOR <u>Chas. H. Grogan</u> ADDRESS <u>1710 Enders Ave</u>   |                               | 25. DATE RECD. BY LOCAL REG. <u>4-21-59</u>   |                                |
| 26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>   |                               |   |                                |

All diseases in Part I must be causally related.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

R. D. Parman

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed George E. Loddard  
Licensed Embalmer No. 4911  
P. O. Address Pauline

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.